

# TSD File Inventory Index

Date: March 18, 2009

Initial: C. M. Kewao

Facility Name: <u>Tibco Machine Products, Inc.</u>		
Facility Identification Number: <u>ILD 005-119 987</u>		
A.1 General Correspondence		B.2 Permit Docket (B.1.2)
A.2 Part A / Interim Status <u>A.2</u>	1	.1 Correspondence
.1 Correspondence		.2 All Other Permitting Documents (Not Part of the ARA)
.2 Notification and Acknowledgment		C.1 Compliance - (Inspection Reports)
.3 Part A Application and Amendments	X	C.2 Compliance/Enforcement
.4 Financial Insurance (Sudden, Non Sudden)	X	.1 Land Disposal Restriction Notifications
.5 Change Under Interim Status Requests		.2 Import/Export Notifications
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment
.1 Correspondence		.1 RFA Correspondence
.2 Reports		.2 Background Reports, Supporting Docs and Studies
A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos
.1 Correspondence		.4 RFA Reports
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation
A.5 Ambient Air Monitoring		.1 RFI Correspondence
.1 Correspondence		.2 RFI Workplan
.2 Reports		.3 RFI Program Reports and Oversight
B.1 Administrative Record		.4 RFI Draft /Final Report
		5. RFI QAPP

Total - 1

.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		<b>D.5 Corrective Action/Enforcement</b>	
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.10 Interim Measures Workplan and Reports		<b>D.6 Environmental Indicator Determinations</b>	
<b>D.3 Corrective Action/Remediation Study</b>		.1 Forms/Checklists	
.1 CMS Correspondence		<b>E. Boilers and Industrial Furnaces (BIF)</b>	
.2 Interim Measures		.1 Correspondence	
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.5 Stabilization		<b>G.1 Risk Assessment</b>	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
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.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI QAPP Correspondence		.9 Environmental Justice	
1			

Note: Transmittal Letter to Be Included with Reports.  
Comments: \_\_\_\_\_



## Advanced Searches



Select the options with which to search:

All searches are based on an **and** condition. [Hint](#)

Latitude / Longitude	Universes / Baselines	Activities	NAICS		
Basic	Wildcard	Mail Address	Contact	Permit Contact	Owner / Oper
Handler ID: <input type="text" value="ILD005119987"/>		Handler Name: <input type="text"/>			
Location Street Number: <input type="text"/>		Location Street Name: <input type="text"/>			
Location City: <input type="text"/>		Location State: <input type="text" value="Select"/>		Location Zip: <input type="text"/>	
Location County: <i>Select a State First</i>		State District: <input type="text"/>			
<input type="checkbox"/> Check this box to search on active sites only.		<input type="checkbox"/> Click this box to also Search Other IDs.			

[Search](#) [Reset Form](#) [Back to Main Menu](#)

Page: 1

There are 1 records, displaying 1 - 1. Select the handler to process.

	Act Loc	▲ Handler ID ▼	▲ Handler Name ▼	▲ Address ▼	▲ City ▼	▲ State ▼	▲ County ▼	Active Status	In a Universe	Controls in Place
1	IL	ILD005119987	TIBOR MACHINE PRODUCTS	7400 W 100TH PL	BRIDGEVIEW	IL	COOK	H----	Y	N

Page: 1

URL: /rcrainfo/searches/search.jsp



Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

**RECEIVED**  
(For Official Use Only)  
MAR 18 2002

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number EPA - REGION 5

1 L D 0 0 5 1 1 9 9 8 7

## II. Name of Installation (Include company and specific site name)

PELSTAR LLC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7400 W. 100TH PLACE

Street (Continued)

City or Town

BRIDGEVIEW

State

Zip Code

KONA RELIGIOUS ROOM

1 L

6 0 4 5 5

County Code

County Name

COOK

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

WITKE

(First)

JAMES

Job Title

ENVIRONMENTAL ENGR

Phone Number (Area Code and Number)

708-233-5477

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing
☒

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

SUNBEAM PRODUCTS INC

Street, P.O. Box, or Route Number

2381 EXECUTIVE CENTER DRIVE

City or Town

KILGATON

State

Zip Code

FL

33431

Phone Number (Area Code and Number)

561-912-4100

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Date Changed

Month

Day

Year

6231/18/02

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 P001	2 F005	3	4	5	6
7	8	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
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## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Raymond L. Brown</i>	Name and Official Title (Type or print) RAYMOND L. BROWN VP/COO	Date Signed 3/1/02
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## XI. Comments

TRANSFER OF OPERATIONS COMPLETED ON FEB 1ST 2002

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005119987

REACKNOWLEDGEMENT

CONTINENTAL SCALE CORPORATION  
7400 W 100TH PLACE  
BRIDGEVIEW

IL 60455

INSTALLATION ADDRESS

7400 W 100TH PLACE  
BRIDGEVIEW

IL 60455





U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	ILD005119987
NAME OF INSTALLATION	CONTINENTAL SCALE CORPORATION
INSTALLATION MAILING ADDRESS	7400 W 100TH PLACE OAK LAWN, IL 60455
LOCATION OF INSTALLATION	7400 W 100TH PLACE OAK LAWN, ILLINOIS 60455

000896 DEC 1980

TSD DELETED

WITHDRAWAL APPROVED -

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

COMMENTS	
INSTALLATION'S EPA I.D. NUMBER	APPROVED
DATE RECEIVED (yr., mo., & day)	
8011117	A

## I. NAME OF INSTALLATION

CONTINENTAL SCALE CORPORATION
-------------------------------

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
7400 W 100TH PLACE	
CITY OR TOWN	ST. ZIP CODE
BRIDGEVIEW IL	60455

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
7400 W 100TH PLACE	
CITY OR TOWN	ST. ZIP CODE
BRIDGEVIEW IL	60455

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
WILES CLAYTON J PLANT MANAGER	312-598-9100

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
WILLIAM Y HUTCHINSON	

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL	M = NON-FEDERAL
	M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

<input type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
<input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
C. INSTALLATION'S EPA I.D. NO.	
ILD005119987	

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

FOR OFFICIAL USE ONLY															
5	W	I	L	D	0	0	5	1	1	9	9	8	7	2	1
1	2											13	14	15	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F017 23 - 26	2 <del>1515</del> 23 - 26	3  23 - 26	4  23 - 26	5  23 - 26	6  23 - 26
7  23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31  23 - 26	32  23 - 26	33  23 - 26	34  23 - 26	35  23 - 26	36  23 - 26
37  23 - 26	38  23 - 26	39  23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Clayton Miles</i>	NAME & OFFICIAL TITLE (type or print) CLAYTON MILES PLANT MGR	DATE SIGNED 9/20/80
-----------------------------------	--	------------------------

Makers of  
Health & Motor  
Bathing Suits  
Detergent Scales

~~Copy to file~~  
To Not. file

## Continental Scale Corporation

7400 West 100th Place  
Bridgeview Illinois 60455  
Telephone 312/598-9100  
Chicago No. 434-0100

6/28/83

United States Environmental Protection Agency  
Region 5  
230 S. Dearborn Street  
Chicago, ILL 60604

ILD 005 119 987, PA, TSD

Reply to Attention of 5HW-13

Dear Mr. Karl J. Klepitsch, Jr., Chief:

Our facility generates waste which we accumulate for less than 90 days. At which time we have it sent to Joliet E.S.L. by Chemical Waste Management of ILL. We have been doing this prior to Nov. 19, 1980. Therefore we want to withdraw our permit under Rule 3005 of the Resource Conservation and Recovery Act.

Facility Name: Continental Scale Corporation  
U.S.E.P.A. I.D. No. ILD 005 119 987

Sincerely,

*Joseph J. Janacek*

Joseph J. Janacek  
Executive V.P. & General Mgr.

NO ACTION TAKEN  
PENDING DECISION ON WITHDRAWAL  
BY EPA STAFF  
DATE 7/2/83

RECEIVED

JUN 20 1983

WASTE MANAGEMENT  
BRANCH

RECEIVED  
7/06/83



ILD005119987

0310270005

Pelstar LLC

ILD 005119 987

RCRA Correspondence

**Sunbeam Products, Inc.**

2381 Executive Center Drive  
Boca Raton, FL 33431  
561.912.4100

February 11, 2002

VIA FACSIMILE

Hope Wright  
Illinois Environmental Protection Agency  
Bureau of Land  
Division of Land Pollution Control  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, Illinois 62794-9276

**Re: Sunbeam Products, Inc. - Transfer of Operations Complete**

Dear Ms. Wright:

50455 ✓  
I am writing to follow up on the December 18<sup>th</sup>, 2001 letter submitted to Illinois Environmental Protection Agency ("IEPA"), Division of Land Pollution Control regarding the transfer of operations at the Sunbeam Products, Inc. ("Sunbeam") facility located at 7400 West 100<sup>th</sup> Place, Bridgeview, Illinois. The transfer of operations from Sunbeam to Pelstar, LLC ("Pelstar") was consummated on February 1, 2002 and Pelstar is now the new operator of the facility.

Sunbeam respectfully requests that IEPA assign the site specific EPA Id Number (ILD005119987) to Pelstar as of February 1, 2002.

I appreciate your assistance in this matter. If you need to contact me, I can be reached at 561-912-4219.

Sincerely,

*Chris Ann Beasley*  
Chris Ann Beasley

cc: Ron Gahagan

RECEIVED  
11 FEB 13 02

PROGRAMS & COMPLIANCE BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

RECEIVED  
11 FEB 13 02

RCRA RECORDS ROOM  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

SEP 19 1983

SNW-13

Joseph J. Janecek, Executive Vice President  
and General Manager  
Continental Scale Corporation  
7400 West 100th Place  
Bridgeview, Illinois 60455

RE: Withdrawal of Part A  
(Storage fewer than 90 Days)  
FACILITY NAME: Continental Scale Corporation  
USEPA ID NO.: ILD 005 119 987

Dear Mr. Janecek:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and Your letter of June 28, 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has accumulated wastes generated on site for fewer than 90 days in containers or tanks since November 19, 1980, in accordance with 40 CFR Part 262.34. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 262.34 (enclosed), and applicable State and local requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Withdrawal of Part A (Storage fewer than 90 Days)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: Miles Clayton, Plant Manager  
IEPA







UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH LA SALLE ST.  
CHICAGO, ILLINOIS 60604

JUN 13 1983

REPLY TO ATTENTION OF:  
5HW-13

Miles Clayton, Plant Manager  
Continental Scale Corporation  
7400 W. 100th Place  
Bridgeview, Illinois 60455

RE: Request for Information--Hazardous Waste Permit  
Review (Storage Fewer Than 90 Days)  
FACILITY NAME: Continental Scale Corporation  
U.S. EPA ID NO.: ILD 005 119 987

Dear Mr. Clayton:

This is to acknowledge that the United States Environmental Protection Agency has completed reviewing your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act, as amended; however, further clarification is needed.

Based on the information submitted, your facility appears to accumulate wastes generated on site for less than 90 days in containers or tanks as defined in 40 CFR Part 262.34 (enclosed). Please review these requirements to verify that your facility qualifies as an accumulation facility from November 19, 1980, to the present. If it does, a permit is not required, and you should withdraw your permit application. Please submit your determination in writing, signed and certified by an authorized person in accordance with 40 CFR Part 270.11 (enclosed), requesting that your application be withdrawn. If at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If your review indicates that a permit is required, but certain information on your application is incorrect, please submit a revised Part A with the appropriate changes to this Regional Office. We will assume your facility requires a permit, if no response is received in this office within 30 days. Accordingly, we will continue to process your application.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Request for Information--Storage fewer than 90 Days," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures

cc: J.J. Janecek, Executive Vice President and General Manager



Makers of  
Health o meter  
Bathroom and  
Doctors scales



## Continental Scale Corporation

7400 West 100th Place  
Bridgeview Illinois 60455  
Telephone 312/598-9100  
Chicago No. 434-0100

17

6/28/83

United States Environmental Protection Agency  
Region 5  
230 S. Dearborn Street  
Chicago, ILL 60604

ILD 005 119 987, PA, TSD

Reply to Attention of 5HW-13

Dear Mr. Karl J. Klepitsch, Jr., Chief:

Our facility generates waste which we accumulate for less than 90 days. At which time we have it sent to Joliet E.S.L. by Chemical Waste Management of ILL. We have been doing this prior to Nov. 19, 1980. Therefore we want to withdraw our permit under Rule 3005 of the Resource Conservation and Recovery Act.

Facility Name: Continental Scale Corporation  
U.S.E.P.A. I.D. No. ILD 005 119 987

Sincerely,

Joseph J. Janeczek  
Executive V.P. & General Mgr.

RECEIVED  
JUN 30 1983

WASTE MANAGEMENT  
BRANCH

RECEIVED  
7/6/83



<b>FORM 1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             ILD005119987           </div>	<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
<b>II. POLLUTANT CHARACTERISTICS</b>		<b>III. NAME OF FACILITY</b> <div style="border: 1px solid black; padding: 2px;">             CONTINENTAL SCALE CORPORATION           </div>	

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**  
 1 **SKIP** CONTINENTAL SCALE CORPORATION

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 MILES CLAYTON PLANT MANAGER	312 598 7100

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
3 7400 W 100TH PLACE			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 BRIDGEVIEW		IL	60455

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 7400 W 100TH PLACE			
B. COUNTY NAME			
JOK			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 BRIDGEVIEW		IL	60455
F. COUNTY CODE (if known)			

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 3 5 7 6 (specify) MANUFACTURER OF PERSONAL WEIGHING SCALES										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
JOSEPH J. JANECEK										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify) P (specify)										3 1 2 5 9 8 9 1 0 0									
E. STREET OR P.O. BOX																			
7 4 0 0 W 1 0 0 T H P L A C E																			
F. CITY OR TOWN										G. STATE H. ZIP CODE									
B R I D G E V I E W										I 4 6 0 4 5 5									
										IX. INDIAN LAND									
										Is the facility located on Indian lands?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This is a manufacturing plant for the purpose of making personal weighing scales, such as Bathroom, Pediatric, and Physician scales. We purchase cartons, screw machine products, castings and electronic components. We also purchase steel in sheet and coil, from which we stamp into parts. Some of which are fabricated into assemblies by riveting and welding. These parts and assemblies are then painted where required and assembled into a finished product.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
J. J. JANECEK, EXEC. V.P. & GEN'L MGR																				11-17-80									

COMMENTS FOR OFFICIAL USE ONLY

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<b>FORM</b> <b>3</b> <b>RCRA</b>		<b>HAZARDOUS WASTE PERMIT APPLICATION</b> ENVIRONMENTAL PROTECTION AGENCY Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">S</td> <td style="width: 10%;">F</td> <td style="width: 10%;">I</td> <td style="width: 10%;">L</td> <td style="width: 10%;">D</td> <td style="width: 10%;">D</td> <td style="width: 10%;">O</td> <td style="width: 10%;">O</td> <td style="width: 10%;">S</td> <td style="width: 10%;">I</td> <td style="width: 10%;">I</td> <td style="width: 10%;">9</td> <td style="width: 10%;">9</td> <td style="width: 10%;">8</td> <td style="width: 10%;">7</td> <td style="width: 10%;">I</td> </tr> </table>	S	F	I	L	D	D	O	O	S	I	I	9	9	8	7	I
S	F	I	L	D	D	O	O	S	I	I	9	9	8	7	I				

FOR OFFICIAL USE ONLY									
LOCATION PROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS							

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)					<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)				
C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)					
8	72	10	01						
15	73 74	75 76	77 78						
<b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above)									
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS					<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT				

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> <span>C</span> <span>DUP</span> <span>T/A C</span> <span>1</span> </div>									
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	2700	G		7				
2					8				
3					9				
4					10				

**III. PROCESSES** *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



NOTE: Photocopy this page before complete.

have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 1 L D 0 0 5 1 1 9 9 8 7 1													W DUP 2 DUP												
DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
				23	24	25	26	27	28	29	30	31	32	33	34	35	36								
1	F005	8400	P	S01																					
2	D001																INCLUDED WITH ABOVE								
3																									
4	F002	3500	P	S01																					
5	D006																INCLUDED WITH ABOVE								
6	D007																" " "								
7	D008																" " "								
8	D000																" " "								
9																									
10	F017	5000	P	S01																					
11	D008																INCLUDED WITH ABOVE								
12	D000																" " "								
13																									
14	D006	2100	P	S01																					
15	D007																INCLUDED WITH ABOVE								
16	D008																" " "								
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

## IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F I L D 0 0 5 1 1 9 9 8 7 6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

47 42 30

LONGITUDE (degrees, minutes, &amp; seconds)

87 47 20

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E WILLIAM HUTCHINSON

312-598-9100

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 7400 W 100<sup>TH</sup> PLACE

G BRIDGEVIEW

IL

60455

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

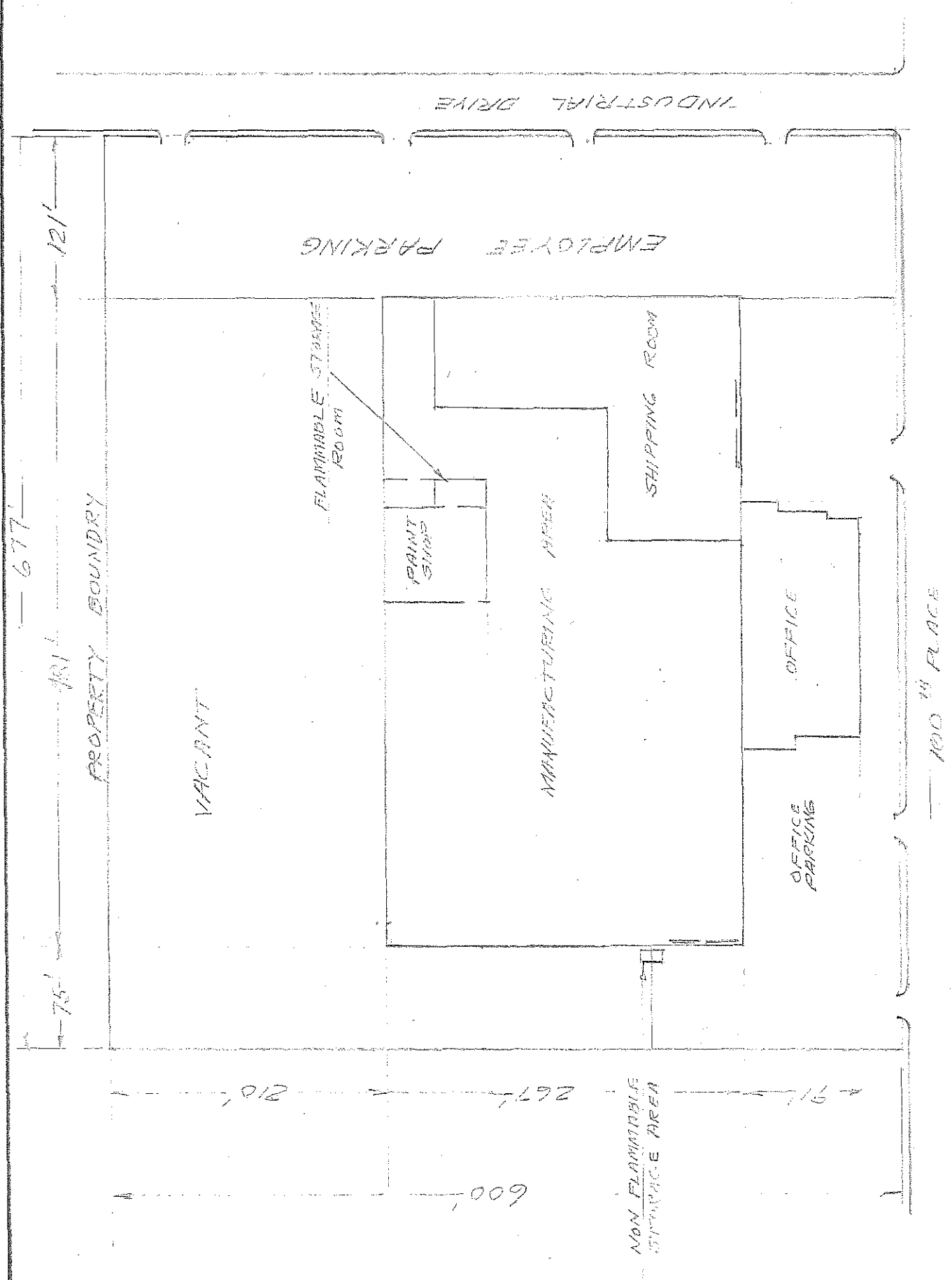
C. DATE SIGNED

J. J. JANECEK

J. J. JANECEK

11-17-80

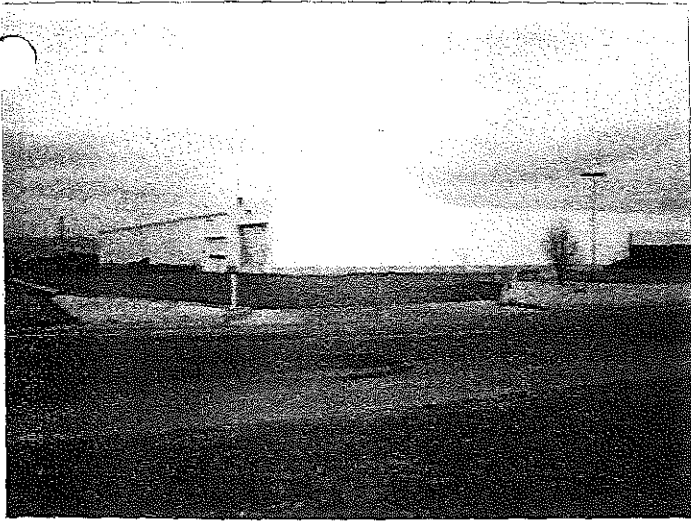
V. FACILITY DRAWING (see page 4)



CONTINENTAL SCALE CORP  
7400 W 100TH PLACE  
BRIDGEVIEW ILL 60455

66





SOUTHWEST CORNER

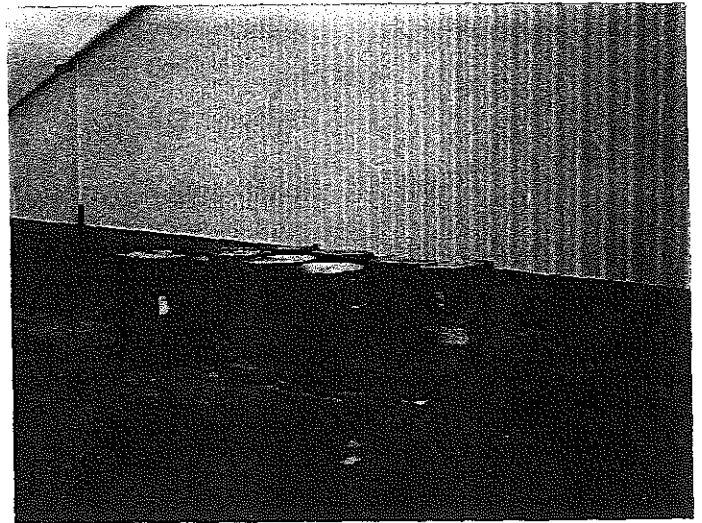


SOUTHEAST CORNER

64



FLAMMABLE STORAGE ROOM



NON-FLAMMABLE STORAGE  
OUTSIDE WEST END

